



CLINTON COUNTY CHILD SUPPORT ENFORCEMENT AGENCY
REQUEST FOR TERMINATION OF CHILD SUPPORT ORDER

SETS Case No.: _____ Order No.: _____

Your Name: _____ Date of Birth: _____

Social Security No.: _____ Phone No.: _____

Your Address: _____

Other Party's Name: _____

Age of Majority/Graduation

Child's Name _____ Birth Date _____

Graduation Date _____ School _____

Child's Name _____ Birth Date _____

Graduation Date _____ School _____

Remarriage or Reconciliation

Date Remarried/Reconciled _____

Child's Name _____ Birth Date _____

Child's Name _____ Birth Date _____

Legal Change of Custody Legal Adoption

Date of Order _____ County Order Filed With _____

Child's Name _____ Birth Date _____

Child's Name _____ Birth Date _____

Other (if selected please explain in comments below)

Signature/Date _____